PSSC Volunteer Driver Info/Availability

NAME: _____ DATE: _____

ADDRESS: _____ BIRTHDATE: _____

CITY/STATE: _____ ZIP: _____

PHONE: (C) _____ (H) _____

E-MAIL ADDRESS: _____

APPROXIMATE LENGTH OF COMMITMENT FOR VOLUNTEER WORK: _____

HOURS PER WEEK AVAILABLE FOR VOLUNTEER WORK: _____

PHYSICAL LIMITATIONS OR NEEDS:
_____

1. **DAYS YOU CAN DRIVE:** Monday ___   Tuesday ___   Wednesday ___   Thursday ___   Friday ___ Saturday___ Sunday___

2. **TIME OF DAY:** Mornings ___   Afternoons ___   Both ___

3. **HOW MANY TIMES CAN YOU DRIVE?**
    Weekly ___   Monthly ___   Times / Month ___

4. **HOW FAR ARE YOU WILLING TO TRAVEL?**
    Miles: ___   Point Loma area only ___

5. **WILLING TO DRIVE FOR NECESSARY ERRANDS?**   Yes ___   No ___

6. **RATHER BE MATCHED WITH ONLY ONE PERSON WHO WOULD CALL YOU DIRECTLY?**
    Yes ___   No ___

7. **IF YES... ARE YOU CURRENTLY DRIVING SOMEONE?**
    Name:

8. **ARE YOU WILLING TO HELP RIDERS WITH LIMITED MOBILITY? THIS MAY INCLUDE PROVIDING DOOR-THROUGH-DOOR SERVICE AND ASSISTANCE WITH WALKERS, CANES. ETC**.
    Yes___   No___

9. **PLEASE VIST US AT THE OFFICE (1475 Catalina Blvd San Diego, CA 92107)**
    We will need to make copies of:
    A. Valid CA Driver's license
    B. Proof of automobile insurance

Peninsula Shepherd Senior Center
www.sdpsc.org
1475 Catalina Blvd
San Diego CA 92107
619-223-1640

PENINSULA
SHEPHERD
SENIOR CENTER

PSSC VOLUNTEER DRIVER
DMV RECORD REQUEST

Last name: _____First Name: _____ Middle Initial: ____

Date of Birth: _____

Driver's License Number: _____

Social Security Number:_____

PSSC DRIVING RECORD AUTHORIZATION

I, _____ hereby authorize The Peninsula Shepherd Senior Center to obtain a copy of my driving record. I certify that all information provided by me, pursuant to this agreement, is true and accurate to the best of my knowledge and I have read, understand and agree to the terms of this agreement.

Your Signature: _____ Date: _____

Your Daytime Phone Number: _____

EXPERIENCE/REFERENCES

CURRENT EMPLOYMENT:
_____

VOLUNTEER EXPERIENCE:
_____
_____

WHICH VOLUNTEER OPPORTUNITY INTERESTS YOU?
_____

LIST ANY SPECIAL TRAINING, SKILLS, OR INTERESTS:
_____
_____
_____

HOW DID YOU HEAR ABOUT PSSC? _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME: _____RELATIONSHIP: _____

PHONE NUMBER: _____

PLEASE LIST THREE LOCAL REFERENCES (work, volunteer, or personal)

NAME   ADDRESS   PHONE NUMBER

1) _____

2 _____

3)_____